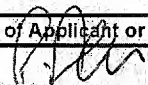


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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/537,933
	Filing Date	6/28/2006
	First Named Inventor	Andrew Robert Clark
	Art Unit	2618
	Examiner Name	YOUSSEF, ADEL Y
	Attorney Docket Number	4607/0578-US0

I hereby revoke all previous powers of attorney given in the above-identified application.					
<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: 76808					
<input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to: <input checked="" type="checkbox"/> The address associated with Customer Number: 76808 OR <input type="checkbox"/> Firm or Individual Name: Leason Ellis LLP Address: 81 Main Street, Suite 503 City: White Plains State: New York Zip: 10601 Country: U.S.A. Telephone: 914-288-0022 Email: USPTO@LeasonEllis.com					
I am the: <input type="checkbox"/> Applicant/Inventor. <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
SIGNATURE of Applicant or Assignee of Record					
Signature					
Name		Peter Alderson			
Date		27/3/09		Telephone: 01462 482333	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
<input checked="" type="checkbox"/> *Total of 1 forms are submitted.					

(4607/0578-US0/00018850.1)

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